

Group Members: \_\_\_\_\_

Class Period: \_\_\_\_\_

**Medical History Questionnaire for Edgar Allan Poe:**

Prior to death, did the patient and/or his physician ever report (having):	Yes	No	Family History	Not Sure
1. Adverse reaction to serum, medicine or foods				
2. Anemia/blood disorder				
3. Asthma				
4. Attempted suicide?				
5. Been a sleepwalker?				
6. Bled excessively after injury or tooth extraction?				
7. Broken bones				
8. Bronchitis				
9. Chronic cough				
10. Chronic or frequent colds				
11. Coughed up blood?				
12. Depression or excessive worry				
13. Dizziness/fainting spells				
14. Ear, nose or throat trouble				
15. Epilepsy or fits				
16. Eye trouble				
17. Frequent indigestion, stomach ulcer				
18. Frequent or severe headache				
19. Gall bladder trouble (gallstones)				
20. Hardening of arteries				
21. Have vision in both eyes?				
22. Head injury				
23. Hearing loss				
24. Heart Trouble				
25. High or low blood pressure				
26. Jaundice or Hepatitis				
27. Kidney stones				
28. Kidney/bladder trouble				
29. Lived with anyone who had tuberculosis?				
30. Loss of memory or amnesia				
31. Pain or pressure in chest				
32. Paralysis (include infantile)				
33. Periods of unconsciousness				
34. Recent weight gain or loss				
35. Recurrent back pain				
36. Rheumatic fever				
37. Rupture/hernia				
38. Scarlet fever				
39. Shortness of breath				
40. Skin diseases				
41. Stomach, liver or intestinal trouble				
42. Stutter or stammer habitually?				
43. Swollen or painful joints				
44. Tuberculosis				
45. Tumor, growth, cyst, cancer				
46. Use tobacco				
47. Uses alcohol				
48. Wear a brace, back support or truss?				
49. Wear a hearing aid?				
50. Wear glasses or contact lenses?				